

**FORM 31**

DCJS Form 31, Revised 08/05

Employment Update

Submit within 10 days after change of status to:

Department of Criminal Justice Services
202 N. Ninth Street, Richmond, VA 23219
Please type or print clearly

Officer's Current Name: (Last, First, Middle Initial)**Social Security Number:****Agency/Department:****Rank or Status Changed to:****Date of Rank or Status:****Name Change: (Provide former Last, First and Middle Name)****Change Primary Function to:**☐ Law Enforcement Officer☐ Dispatch/Communications Officer☐ Jail Officer/Inmate Security☐ DOC Corrections Officer☐ Court Security/Civil Process Officer☐ DOC Non-Custodial Officer☐ Instructor Only**Date of Function Change:** _____**For Secondary Functions:** Please list any changes in secondary functions for which you will require training and certification:☐ Law Enforcement Officer☐ Dispatch/Communications Officer☐ Animal Control Officer☐ Jail Officer/Inmate Security☐ Court Security/Civil Process Officer**Termination:****Employment with the above Agency/Department has been terminated for the following reason: (include date of change)**☐ Resigned _____☐ Deceased _____☐ Retired _____☐ Other (Specify) _____☐ Terminated for Cause _____**Attest: I CERTIFY that the above statements are true and correct to the best of my knowledge and that I am authorized to submit this information. Print and Sign name.**

Submitted by:

Title:

Telephone:

Date: